



2004

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q76870

Yujiro NOMURA, et al.

Appn. No.: 10/634,916

Group Art Unit: 2852

Confirmation No.: 6488

Examiner: Quana Mashell GRAINGER

Filed: August 6, 2003

For: IMAGE CARRIER CARTRIDGE, EXPOSURE HEAD, AND IMAGE FORMING APPARATUS USING THESE

Fee Sheet

BEST AVAILABLE COPY

AMENDMENT UNDER 37 C.F.R. § 1.111

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 18, 2004, please amend the above-identified application as follows on the accompanying pages.

TABLE OF CONTENTS

AMENDMENTS TO THE SPECIFICATION	2
AMENDMENTS TO THE CLAIMS	3
REMARKS.....	7

05/18/2005 ADAVID 00000001 194880 10634916

01 FC:1202 198.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/634 916

Update

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	31	Minus	20	= 11
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS16=	
X43=		OR X86=	
+145=		OR -290=	290.00
TOTAL		OR TOTAL	106.00

OTHER THAN
SMALL ENTITY OR, SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	198.00
X43=		X86=	
+145=		+290=	
TOTAL	ADDITIONAL FEE	TOTAL	198.00

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	20	=	
Independent	Minus	3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	
X43=		X86=	
+145=		+290=	
TOTAL	ADDITIONAL FEE	TOTAL	198.00

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	20	=	
Independent	Minus	3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	
X43=		X86=	
+145=		+290=	
TOTAL	ADDITIONAL FEE	TOTAL	198.00

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.